PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP 10 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900263743569
8/26/14-01030-006
$ 1200.00

CR2E081 (11/10)

DOCUMENT # P07000025503

1. Corporation Name

INGESOL ENERGY CORP.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2520 SW 22ND STREET	2520 SW 22ND STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 2	# 2
City & State	City & State
CORAL GABLES, FL	CORAL GABLES, FL
Zip / Country	Zip / Country
33145 / USA	33145 / USA

4. Date Incorporated or Qualified To Do Business in Florida
02/26/2007

5. FEI Number
743207871
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75, Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BETSAIDA MORALES

Street Address (P.O. Box Number is Not Acceptable)
10222 NW 17TH STREET

Suite, Apt. #, Etc.

City	State	Zip Code
CORAL SPRINGS	FL	33071

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 08-19-2014
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RAUL GABANTE	2520 SW 22ND STREET # 2	CORAL GABLES, FL 33145
D	LUIS GABANTE	2520 SW 22ND STREET # 2	CORAL GABLES, FL 33145
D	YRAIDA GABANTE	2520 SW 22ND STREET # 2	CORAL GABLES, FL 33145
D	LUIS G. GABANTE	2520 SW 22ND STREET # 2	CORAL GABLES, FL 33145
D	LUZ C. TRISTANCHO	2520 SW 22ND STREET# 2	CORAL GABLES, FL 33145

10. E-mail Address: BETSI78@GMAIL.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 09/08/2014
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEP 10 2014
M. WILLIAMS